

CAMP MOORPARK RELEASE FORM & INFORMATION SHEET*Up to four children from the SAME HOUSEHOLD may register on this form. FORM MUST BE FULLY COMPLETED.*

Family Last Name(s): _____, _____

Family Address: _____ City: _____ Zip: _____

Primary e-mail: _____ Primary phone: (_____) _____

Children's primary language: _____ Parent's primary language: _____

Physician's name: _____ Physician's phone (_____) _____

Health Insurance Provider: _____ Policy Number: _____

PARENT/GUARDIAN INFORMATION**Parent/Guardian #1:** _____ Relationship to Child: _____

Cell phone: (_____) _____ Home phone: (_____) _____

Work phone: (_____) _____ Employer: _____

e-mail address: _____ Date of Birth: _____

Resides with child? ☐ Yes ☐ No (Home Address: _____ City: _____ Zip: _____)**Parent/Guardian #2:** _____ Relationship to Child: _____

Cell phone: (_____) _____ Home phone: (_____) _____

Work phone: (_____) _____ Employer: _____

e-mail address: _____ Date of Birth: _____

Resides with child? ☐ Yes ☐ No (Home Address: _____ City: _____ Zip: _____)**EMERGENCY CONTACTS AND RELEASE PERSONS**In addition to parent/guardian(s) listed above, identify those who have your permission to pick up your child(ren) or should be contacted if you are unreachable during an emergency. ***It is mandatory to list at least (1) person.*****Name:** _____ Relationship to Child: _____

Phone 1: (_____) _____ Phone 2: (_____) _____ e-mail: _____

Name: _____ Relationship to Child: _____

Phone 1: (_____) _____ Phone 2: (_____) _____ e-mail: _____

Name: _____ Relationship to Child: _____

Phone 1: (_____) _____ Phone 2: (_____) _____ e-mail: _____

Name: _____ Relationship to Child: _____

Phone 1: (_____) _____ Phone 2: (_____) _____ e-mail: _____

PARTICIPANT INFORMATION

CHILD # 1 NAME: _____ Date of Birth: ____/____/____
Grade In Fall: _____ School: _____ Gender: _____
Is this child currently taking any medication? ☐ No ☐ Yes: (name of medication) _____
Does this child have any allergies? ☐ No Allergies ☐ Bee Sting ☐ Seasonal ☐ Food (list): _____
☐ Medication (list): _____ ☐ Other (list): _____
Does this child have any physical restrictions? ☐ No ☐ Yes: (describe) _____
Does this child require a special accommodation? ☐ No ☐ Yes (complete Accommodation Form)
Date of last tetanus shot: ____/____/____ Immunizations current? ☐ Yes ☐ No (which: _____)
Camp attending: ☐ Mini Camp ☐ RecCamp ☐ Adventure Camp (for AC: Allowed to sign self in/out: ☐ Yes ☐ No)

CHILD # 2 NAME: _____ Date of Birth: ____/____/____
Grade In Fall: _____ School: _____ Gender: _____
Is this child currently taking any medication? ☐ No ☐ Yes: (name of medication) _____
Does this child have any allergies? ☐ No Allergies ☐ Bee Sting ☐ Seasonal ☐ Food (list): _____
☐ Medication (list): _____ ☐ Other (list): _____
Does this child have any physical restrictions? ☐ No ☐ Yes: (describe) _____
Does this child require a special accommodation? ☐ No ☐ Yes (complete Accommodation Form)
Date of last tetanus shot: ____/____/____ Immunizations current? ☐ Yes ☐ No (which: _____)
Camp attending: ☐ Mini Camp ☐ RecCamp ☐ Adventure Camp (for AC: Allowed to sign self in/out: ☐ Yes ☐ No)

CHILD # 3 NAME: _____ Date of Birth: ____/____/____
Grade In Fall: _____ School: _____ Gender: _____
Is this child currently taking any medication? ☐ No ☐ Yes: (name of medication) _____
Does this child have any allergies? ☐ No Allergies ☐ Bee Sting ☐ Seasonal ☐ Food (list): _____
☐ Medication (list): _____ ☐ Other (list): _____
Does this child have any physical restrictions? ☐ No ☐ Yes: (describe) _____
Does this child require a special accommodation? ☐ No ☐ Yes (complete Accommodation Form)
Date of last tetanus shot: ____/____/____ Immunizations current? ☐ Yes ☐ No (which: _____)
Camp attending: ☐ Mini Camp ☐ RecCamp ☐ Adventure Camp (for AC: Allowed to sign self in/out: ☐ Yes ☐ No)

CHILD # 4 NAME: _____ Date of Birth: ____/____/____
Grade In Fall: _____ School: _____ Gender: _____
Is this child currently taking any medication? ☐ No ☐ Yes: (name of medication) _____
Does this child have any allergies? ☐ No Allergies ☐ Bee Sting ☐ Seasonal ☐ Food (list): _____
☐ Medication (list): _____ ☐ Other (list): _____
Does this child have any physical restrictions? ☐ No ☐ Yes: (describe) _____
Does this child require a special accommodation? ☐ No ☐ Yes (complete Accommodation Form)
Date of last tetanus shot: ____/____/____ Immunizations current? ☐ Yes ☐ No (which: _____)
Camp attending: ☐ Mini Camp ☐ RecCamp ☐ Adventure Camp (for AC: Allowed to sign self in/out: ☐ Yes ☐ No)

Signature on release form required to complete enrollment. Form may not be altered.

Camp Moorpark Enrollment Agreement and Release Form

SIGNATURE REQUIRED TO COMPLETE REGISTRATION! RELEASE MAY NOT BE ALTERED.

RELEASE FORM: *Please read the following information carefully. Your signature below indicates that you have read this agreement and release and fully understand and agree to abide by the terms of Camp Moorpark. This form must be initialed at each section and signed in order to enroll in and attend the Camp Moorpark program.*

Participant Name(s): _____,

TRIP AND ACTIVITY APPROVAL

I, the undersigned, hereby grant permission for my child(ren) to attend all Camp Moorpark excursions and trips. I grant permission for my child(ren) to participate in Camp Moorpark activities including but not limited to sports, crafts, games, field days, and special events. Trips include transportation to and from trip destinations.

Initial: _____

MOVIE APPROVAL

I grant permission for my child(ren) to view movies with MPAA ratings of G or PG in MiniCamp and RecCamp, and MPAA ratings of G, PG, or PG-13 in Adventure Camp.

Initial: _____

BEHAVIOR CODE AND CAMP RULES

Good behavior is expected at all times. Behavior that is harmful to others or disruptive to camp will result in appropriate disciplinary action, up to and including expulsion from camp. Unacceptable behavior and/or abusive language by parent or guardian may also result in a child being expelled. No refunds will be issued for single day suspensions. Refunds or credits will be issued according to the City's cancellation and withdrawal policy starting with the second day for multiple day suspensions or expulsion from camp. Campers are expected to abide by camp rules at all times. I agree to abide by the terms of the behavior code and camp rules.

Initial: _____

RESTRICTIONS ON ELECTRONIC DEVICES

Electronic devices, including video games, MP3 players/iPods, and iPads/digital readers are not permitted at camp. Cell phones are permitted only in Adventure Camp, and may be used only while at the trip site. Camp Moorpark is not responsible for lost, damaged, or stolen items. I agree to abide by these terms.

Initial: _____

REGISTRATION POLICY AND FEES

I agree to abide by the terms and conditions outlined in the Registration Policy. I understand that Recreation Division office staff must receive registrations a minimum of five business days in advance in order to qualify for the regular camp rate. All camp registrations are subject to availability. I understand that registrations received with less than five business days notice will be accepted at a higher rate and are subject to availability. I understand that no child can attend camp without paying the required fees. I understand there is, and agree to pay, the required processing fee for any returned checks.

Initial: _____

REFUND, CREDIT, TRANSFER, AND ABSENCE POLICY

I agree to abide by the terms and conditions outlined in the camp packet for transfers, refunds, credits, and sick days. I agree to have deducted from any refund a \$10.00 per child per day cancellation fee. **I understand that no credit, refund, or transfer will be given without a minimum of one business day notice. I further understand that credits, refunds, or transfers are not given for sick days or other absences.** I understand that the annual enrollment fee and annual pass fee are nonrefundable.

Initial: _____

PROGRAM AND ACTIVITY CANCELLATION POLICY

Camp trips must meet a minimum number of participants and the City reserves the right to change, combine, or cancel trips and activities as necessary. The City will strive to provide at least one business day notice of a trip change or cancellation.

Initial: _____

Camp Moorpark Enrollment Agreement and Release Form

SIGN IN/SIGN OUT POLICY

Extended care hours begin at 7:00 am and conclude at 6:00 p.m. Monday through Friday. Children may be dropped off no earlier than 7:00 a.m. Children must be picked up no later than 6:00 p.m. I agree to have my child(ren) signed in and out each day according to the Sign In and Sign Out Policy. I understand that there is, and agree to pay, a \$1 fee for every 1 minute, or part thereof, that my child(ren) attends camp beyond the end of extended care. Child(ren) not picked up by 6:30 p.m. will be released to the custody of the Moorpark Police Department. I agree to abide by the Camp Hours and Extended Care Policy.

Initial: _____

ADVENTURE CAMP AUTHORIZATION FOR PARTICIPANT SIGN IN AND OUT: I authorize my child(ren) attending Adventure Camp to sign himself/herself in and/or out of camp each day.

(Initial one): ____ YES or ____ NO

PHOTOGRAPHY RELEASE

I grant the City of Moorpark, at its discretion and free of charge, permission to use still photography of myself or my child(ren) participating in City sponsored recreation programs for the purpose of publicizing said programs.

Initial: _____

INFORMED CONSENT AND RELEASE:

I, the undersigned, and my child(ren), are voluntarily participating in Camp Moorpark. I understand that such participation does not establish or imply an employer-employee or an agency relationship with the City of Moorpark. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity and understanding this, I state that I have no knowledge of any condition that would prohibit me or my child(ren) from safely participating. In consideration of the request and permission to participate in Camp Moorpark, I hereby assume full responsibility for all risk of injury or loss which may result from my or my child(ren)'s participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the City of Moorpark, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the City of Moorpark, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity, and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. Please note: The City of Moorpark does not provide any insurance coverage of any kind for participants. The City of Moorpark strongly recommends that appropriate insurance be obtained by each participant.

Initial: _____

PERMISSION FOR MEDICAL TREATMENT & TRANSPORT:

I grant the City of Moorpark and agents thereof, permission to call 911 in the event that myself or my child(ren) require advanced first aid or medical treatment. I further grant permission to transport myself or my child(ren) to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat myself or my child(ren) if such treatment is reasonably required.

Initial: _____

Signature of Parent or Guardian _____ Date _____

Print Name: _____

Participant Name(s): _____, _____
_____, _____